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**Billing Questions?** 

Call 1-800-426-4192, press 4 or email billteam@iniusa.org

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		PAYMENT RECEIPT
Receipt Date:	1/8/2025	Advertiser:Fountain Hills Health FairAccount Number:1628
		PAYMENT DETAILS
Payment Date:	1/8/2025	Approval Code: 08438G
Reference No:	34980	Last 4 Digits of Card: 1823
Amount:	\$250.00	
Payment Method:	Credit Card (PNC)	
Description:	Receipt for January 15th Ad	- Independent Newsmedia, Thank you!